

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA**

222 West 7th Avenue #4
Anchorage, Alaska 99513-7564
(907) 677-6100

**INFORMATION & INSTRUCTIONS FOR FILING AN
APPLICATION TO WAIVE THE FILING FEE
(NON-PRISONER)**

If you are not a prisoner, and you are not able to pay the \$150 filing fee required to begin a civil action in federal court because of your poverty, you may apply to waive the filing fee. You must use this Court's "Application to Waive the Filing Fee" form before the Court will consider your application to waive the fee. You must file the application with your complaint. If you are a prisoner, you must use the form entitled "Prisoner's Application to Waive Prepayment of Fees," and follow the accompanying instructions. DO NOT use this form or follow these instructions if you are a prisoner!

Your application must be typewritten or *legibly handwritten*. All questions must be answered and all applicable blanks filled in, using the space provided on the form. Write "N/A" if a blank is not applicable to you. Do NOT write "N/A" if an answer is required, even if your answer is simply "No" or "None." If you leave any answers blank, the form may be returned to you for completion. Your case cannot proceed without either (1) payment of the \$150 filing fee, or (2) permission from the Court to waive the filing fee.

Your application must contain your name, address and telephone number at the top of the first page. If your address or telephone number change during the course of your case, you must immediately inform the Court of your new address and/or phone number. The Court will fill in your case number. After this, when you file any papers with the Court, you must use this case number. Remember to keep a copy of this application and all other filings for your records.

In completing the form, the following definitions and guidelines apply.

Question 2.b Dependents: To qualify as a dependent, you must be able to claim the person as a dependent on your federal income tax return, e.g., the person must live in your household for the majority of the year and you must provide more than one-half of the person's support.

Question 6: If you expect to receive future income from a specified source and you receive that income on a regular or recurring basis, you must so indicate. For example, if you receive dividend income quarterly, specify the amount you expect to receive each quarter and indicate the day and month of the quarter you expect to receive it, e.g., the 15th day of the second month of each quarter. If you receive income monthly, state the amount received each month and indicate it is received on or about a certain day each month.

Question 14. You must disclose any other property that you own except clothing, personal care items, ordinary household goods, furnishing and utensils, and professionally prescribed health aids. Items that must be disclosed include, but is not limited to, collectibles, artwork, artifacts, jewelry (other than costume jewelry and wedding rings), life insurance policies (other than term policies having no cash or loan value), annuities, pension plans, collections and sets (e.g., stamps, coins, comic books), guns, and recreational equipment.

If you need extra space to answer a question, you may use additional 8 ½ x 11 inch pages. The additional page(s) must be legible and must indicate which question(s) you are answering.

You must sign your application under penalty of perjury. All information must be complete and truthful. Penalties for perjury can be severe, including fines or imprisonment or both. The Court will determine, based upon full disclosure of your financial situation, whether you qualify for a fee waiver in your case.

(Name)

(Address)

(City, State, Zip)

Telephone: _____

UNITED STATES DISTRICT COURT
DISTRICT OF ALASKA

_____)
_____) **Plaintiff**
_____) _____

 Defendant(s)

Case No.

APPLICATION TO WAIVE
FILING FEE
(Non-Prisoner)

I, _____, state under penalty of perjury that I am the plaintiff in this case. I am unable to pay the fees for this proceeding or give security because of my poverty. The type of case I am filing is: _____ and I believe I am entitled to the relief I am requesting. I agree that if I am granted this application to waive the filing fee in this case, a portion of my recovery, as directed by the court will be paid to the Clerk of the Court for reimbursement of all fees and costs incurred by me in the case. In support of this application, I make the following statement under penalty of perjury.

1. I am not presently incarcerated. **[If incarcerated, use the “Prisoner Form”]**

2. Marital Status: Single Married Divorced Separated
- a. Do you pay alimony or support? Yes No
- Do you receive alimony or support? Yes No
- If either answered yes, state the amount paid or received monthly: _____
- b. Dependents: Spouse Children ____ (number) Other ____ (number)
- The names and ages of my dependent children are:
- _____ Age ____
- _____ Age ____
- _____ Age ____
- _____ Age ____
- Name, age, relationship and basis of dependency of dependent other than child or spouse:
- _____ Age ____ Relationship ____
- Basis of dependency: _____
- _____
3. Are you presently employed? Yes No
- a. If yes, what is your Gross Income _____ Net Income _____
- Weekly Bi-Weekly Semi-Monthly Monthly (Check One)
- Employer: _____
- (Name)
- Address _____ Telephone _____
- (Street, City, State)
- Nature of Employment: Part Time Full Time Temporary Seasonal
- Length of employment _____
- b. If no, date of last employment _____
- Former Employer _____
- (Name)
- Address _____ Telephone _____
- (Street, City, State)
- What was your Gross Income _____ Net Income _____
- Weekly Bi-Weekly Semi-Monthly Monthly (Check One)
- Nature of Employment: Part Time Full Time Temporary Seasonal
- Length of employment _____

4. Is your spouse employed? Yes No
- If yes, what is his/her: Gross Income _____ Net Income _____
- Weekly Bi-Weekly Semi-Monthly Monthly (Check One)
- Employer: _____
(Name)
- Address _____ Telephone _____
(Street, City, State)
- Nature of Employment: Part Time Full Time Temporary Seasonal
- Length of employment _____
5. Do you receive public assistance or unemployment benefits? Yes No
- (If yes, provide the following information)
- a. I have been on public assistance and/or received unemployment benefits
since _____
(Month/Day/Year)
- b. I am receiving _____ for myself and a household of ____ (number)
- Weekly Bi-Weekly Semi-Monthly Monthly (Check One)
6. In the past 12 months have you received money from any of the following sources?
- a. Business, profession or self-employment Yes No
- If yes, state amount received _____
- Do you expect to receive any future income from this source? Yes No
- If yes, state the amount you expect to receive and when it is expected to be received.
- Amount: _____ Expected Receipt: _____
- b. Rental, interest or dividends (not PFD) Yes No
- If yes, state amount received _____
- Do you expect to receive any future income from this source? Yes No
- If yes, state the amount you expect to receive and when it is expected to be received.
- Amount: _____ Expected Receipt: _____
- c. Pension, annuity or life insurance payments Yes No
- If yes, state amount received _____
- Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: _____ Expected Receipt: _____

- d. SSI, Disability or worker's compensation Yes No

If yes, state amount received _____

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: _____ Expected Receipt: _____

- e. Gift or inheritance Yes No

If yes, state amount received _____

Do you expect to receive any future gift or inheritance? Yes No

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: _____ Expected Receipt: _____

- f. Any other source Yes No

If yes, state amount received _____

Describe _____

Do you expect to receive any future income from this source? Yes No

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: _____ Expected Receipt: _____

7. List all members of your household who have received the Alaska PFD in the past year.

8. State the amount of cash (coin and currency) you have _____

9. Do you have a checking account? Yes No

If yes, current balance _____ Account No. _____

Bank: _____

(Name and Branch)

(Street, City, State)

10. Do you have an IRA, CD, savings or money market account? Yes No

If yes, current balance _____ Account No. _____

Financial Institution: _____
(Name and Branch)

(Street, City, State)

11. Do you own an automobile or other motor vehicle? Yes No
- a. Make: _____ Year _____ Model _____
- b. Current Value _____
- c. Is it financed? Yes No Balance owed: _____
12. Do you own any real property? Yes No
- a. If yes, describe _____

- b. Current Value _____
- c. Is it financed? Yes No Balance owed: _____
13. Do you own any stocks, bonds, securities, financial instruments? Yes No
- a. If yes, describe _____

- b. Current Value _____
14. Do you own any other personal property? Yes No
- (If yes list each asset or item of property and give the value of each)
- | | | |
|----|-------|-------------|
| a. | _____ | Value _____ |
| b. | _____ | Value _____ |
| c. | _____ | Value _____ |
| d. | _____ | Value _____ |
| e. | _____ | Value _____ |
| f. | _____ | Value _____ |
| g. | _____ | Value _____ |

15. Have you transferred, given away, or placed any property in the name of any other person during the past two years? Yes No (If yes provide details)

a. Property _____

b. Value _____ Transferred to _____

c. Reason: _____

Declaration Under Penalty of Perjury

I hereby declare under penalty of perjury under the laws of the United States of America that the above information is true and correct.

Dated: _____

Signature of Applicant